

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2016
NAME OF PROVIDER OR SUPPLIER APERION CARE BLOOMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701		
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S 000	Initial Comments Annual Licensure Survey Licensure for Subpart S: SMI Second Probationary Licensure Survey	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.615)e) 300.615)f) 300.661 Determination of Need Screening and Request for Resident Criminal History Record Information 300.615 e) 300.615 f) A facility shall, within 24 hours after an admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 years or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background Checks shall be based on the resident's name, date of birth, and other identifiers as required by the Illinois State Police. The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. These requirement are not met as evidenced by: Based on record review and interview the facility failed to initiate a resident criminal background check within 24 hours of admission and obtain results, and failed to check the Department of	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>Corrections (DOC) sex registrant search page. This failure affects one of one resident (R6) reviewed for criminal background checks in the sample of seven, and seven residents on the supplemental sample (R8, R9, R10, R11, R12,R13, R32).</p> <p>The findings include:</p> <p>1. The facility Admissions Report from 5/26-7/11/16 documents R8 was admitted to the facility on 7/9/16 and R6 was admitted on 6/9/16. The facility had no criminal background checks results for R8 and R6.</p> <p>R32 was admitted on 6/8/16, R9 was admitted on 6/22/16, and R10 was admitted on 6/24/16. The results of the criminal background checks for R32, R9, R10, were completed five to twenty days after admission.</p> <p>On Monday, 7/11/16 at 4:10 pm R8's missing background check was reviewed with Social Service Director E8. E8 stated that R8 was admitted to the facility on Saturday, 7/9/16. E8 stated "We don't work on the weekends, we will scan a request to corporate to initiate the criminal background check." E8 confirmed at that time a request had not yet been scanned to corporate.</p> <p>On 7/12/16 at 11:40 E8 provided the results of R8's criminal background check. The Resident Background Check request form for R8 was dated 7/11/16. The Illinois State Police Uniform Conviction Information Act (UCIA) results dated 7/12/16 was a "HIT". The report documented R8 had several felony convictions for Theft (2014), Burglary (1997), Retail Theft (1997), Assault (1993), and Unlawful Use of Weapons (1993).</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>E8 stated on 7/12/16 at 12:15 pm that they could not find a record of any criminal background check for R6 who was admitted on 6/9/16. E8 stated that the corporate office did not have a copy of a request for a background check. E8 stated at that time a new request was submitted by the corporate office on 7/12/16.</p> <p>R32 admitted 6/08/16 had a UCIA result of no record dated 7/12/16. R9 admitted 6/22/16 had a UCIA result of no record dated 6/29/16. R10 admitted 6/24/16 had a UCIA result of no record dated 6/29/16.</p> <p>E8 stated on 7/12/16 at 11:40 am she does not know if the above requests for resident criminal background checks were submitted within 24 hours of admission for R32, R9, and R10. E8 stated "We fill out a Resident Background Check request and we scan that to the corporate office." E8 did not have any documentation that would indicate that the criminal background checks for R9, R10, R32 were requested within 24 hours of admission.</p> <p>2. The results of the Illinois Department of Correction (DOC) website checks for R6, R8, R9, R10, R11, R12 and R13 state "Inmate Search". E8, Social Service stated on 7/12/16 at 9:20 am she conducts the DOC website check when the resident is admitted. E8 demonstrated by going to the DOC website and typing a residents name into the Inmate Search box. E8 stated at that time she was not aware that she should be checking the Parole Sex Registrant Search page on the the drop down menu for the residents name.</p> <p>The facility Abuse Prevention Program Facility Procedures dated 1/01/15 states under II.</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>Pre-Admission Screening of Potential Residents, "This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. This facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident. Check for the resident's name on the Illinois Sex Offender Registration Web site www.isp.state.il.us. Check for the resident's name on the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us. While the background or fingerprint checks, and/or Identified Offender Report and Recommendations are pending, the facility shall take all steps necessary to ensure the safety of residents."</p> <p>Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955). (Source: Amended at Ill. Reg. 12852, effective August 2, 2005)</p> <p>Part 955 Health Care Worker Background Check Code:</p> <p>Section 955.165 Fingerprint -Based Criminal History Records Check at Educational entities, other than secondary schools, and health care employers are required to check the Health Care Worker Registry before allowing a student to enter a training program or hiring an employee to determine:</p> <p>1) Whether a fingerprint-based criminal history</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP".</p> <p>b) If the individual has not had such a background check or is not active on the Health Care Worker Registry, then the health care employer must initiate a finger-print based criminal history records check.</p> <p>h) The student, applicant, or employee shall go to a livescan vendor and has his or her fingerprints collected electronically and transmitted to the Department of State Police within 10 working days after signing the authorization and disclosure form. Each individual shall submit his or her fingerprints in an electronic manner prescribed by the Department of State Police. (Section 33(e) of the Act)</p> <p>4) If the student, applicant, or employee does not go to a livescan vendor and has his or her fingerprints collected electronically within 10 working days, the individual shall be suspended from participating in a training program if a student, or suspended from working if an employee, until such time as proof is provided that the individual has had his or her fingerprints collected electronically from a livescan vendor.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to conduct a livescan fingerprint within 10 working days, and failed to suspend the employee until it was completed. This failure has the potential to affect all 74 residents in the facility.</p> <p>Findings Include:</p> <p>The facility's CNA (Certified Nursing Assistant) spreadsheet dated 7/8/16 documents E9 CNA</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>was hired by the facility on 4/14/16. E9's Health Care Worker Registry check was completed on 4/4/16 but a FEE_APP (fingerprint-based criminal history records check) was not documented as already completed.</p> <p>On 7/11/16 at 10:00am, E9 stated, E9 works throughout the facility.</p> <p>On 7/11/16 at 4:00 pm, E10 Human Resource Director stated, E10 is the one responsible for conducting the Health Care Worker Registry checks. E10 stated, the facility noticed that E9 did not have a FEE_APP done already so E9 was sent in on 4/29/16, 15 days after hire, to have it completed. E10 stated E10 is unsure what the fingerprint criminal background check showed for E9 because, "the facility hasn't received an email yet documenting if there were any hits or not, and that (E10) did not go back into the registry to check the results after (E9) had the fingerprinting done." E10 stated, E9 continued to work the scheduled shifts as hired and was never suspended pending having the fingerprint based criminal history records check completed or while awaiting the results.</p> <p>The Facility Data Sheet dated 7/11/16 documents 74 residents reside at the facility.</p> <p>(AW)</p> <p>300.1060a) 300.1060b) 300.1060c) 300.1060d) 300.1210d)2) 300.1210d)5) 300.1210a) 300.1210d)6) 300.1410h)1)2)3)4)5)6)7)8)9)</p>	S9999			

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S9999	Continued From page 6 Section 300.1060 Vaccinations a) A facility shall annually administer or arrange for a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act) b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act) c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act) d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and	S9999		

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S9999	<p>Continued From page 7</p> <p>administered, refused, or medically contraindicated. (Section 2-213 of the Act) (Source: Amended at 39 Ill. Reg. 5456, effective March 25, 2015)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to offer Influenza and Pneumococcal vaccines and document if vaccines were given or refused in the medical record for one of five residents (R3) reviewed for vaccines in the sample of seven.</p> <p>Findings Include:</p> <p>R3's POS (Physician Order Sheet) dated 7/2016 documents an order for "Flu Vaccine Annually Unless allergic to eggs." This POS does not document eggs as being an allergy.</p> <p>R3's Minimum Data Set dated 5/5/16 documents R3 is alert and oriented.</p> <p>There is no documentation of R3 receiving, and/or refusing the Influenza Vaccine for the year 2015/2016. There is also no documentation of R3 receiving, and/or refusing the Pneumococcal Vaccine while a resident at the facility.</p> <p>On 7/12/16 at 12:15 pm, E2 DON (Director of Nursing) stated, "(R3) goes out to see (Z2 Physician), maybe (R3) was given it while there, (E2) really don't know if (R3) has received them or not."</p> <p>On 7/12/16 at 2:45 pm, E2 stated, "we mail out information packets to all families with a consent sheet to receive the vaccines, but (R3) does not</p>	S9999			

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S9999	<p>Continued From page 8</p> <p>have one in (R3's) medical record and (E2) don't know why."</p> <p>The facility's Immunizations Policy dated 1/1/2014 documents, "In order to minimize the risk of residents' acquiring, transmitting, or experiencing complications from influenza and pneumococcal pneumonia, it is the policy of this facility to offer influenza and pneumococcal vaccines to all residents. Each resident or the resident's representative will receive education regarding the benefits and potential side effects of influenza and pneumococcal immunization. The resident's medical record will indicate that the resident or residents' legal representative was provided education regarding the benefits and potential side effects of influenza and pneumococcal immunization and if the resident received the vaccine(s) or not due to a medical contraindication or refusal."</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection,</p>	S9999			

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S9999	Continued From page 9 and prevent new pressure sores from developing. This requirement is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow wound care orders for one of three residents (R2) reviewed for wounds in the sample of seven. Findings Include: R2's Medication Review Report dated 7/12/16 documents the following Diagnoses: Dementia, Difficulty Walking, Diabetes Mellitus, and Diabetic Neuropathy. This report also documents an order for, "heel protector to left foot at all times every shift for wound." R2's Wound Care Specialist Evaluation by Z3, Wound Physician dated 6/16/16 documents, a diabetic wound to the left heel measuring 5.0 cm (centimeters) by 6.0 cm by not measurable. This wound is a "blood filled blister, drying at edges and expect will dry into a eschar." R2's Care Plan dated 6/9/16 documents, "diabetic ulcer of the left heel related to friction...treatment as ordered.. R2's Skin Risk Assessment dated 3/16/16 and 6/1/16 documents R2 is at risk for skin breakdown. On 7/11/16, R2 was sitting up in the wheelchair with non-skid slipper socks on and no heel protector, with feet on the floor, at 10:45 am, 11:54 am, 2:10 pm, and 2:30 pm. At 2:30 pm, E11 Wound Nurse stated, "(R2) should have a heel protector on the left foot at all times. (E11) will get one for (R2)" and confirmed that R2 was not wearing a heel protector. At 3:45 pm and 4:20 pm, R2 continued to have non-skid slipper socks on without a heel protector. On 7/12/16 at 8:30 am, 10:00 am, 10:45 am, 11:30 am, and 12:25 pm, R2 was sitting up in the wheelchair, feet resting on the floor. R2 was wearing non-skid slipper socks. R2 did not have a heel protector, as ordered.	S9999			

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S9999	<p>Continued From page 10</p> <p>On 7/13/16 at 9:20 am and 10:00 am, R2 was sitting up in the wheelchair, feet resting on the floor. R2 was wearing non-skid slipper socks but no heel protector, as ordered. At 10:00 am, E12 CNA (Certified Nursing Assistant) stated, R2 is supposed to wear heel protectors while in bed. E12 wasn't aware that R2 was supposed to wear the heel protector on left heel while up. E12 stated, "(R2) has them {heel protectors} in (R2's) room, (E12) took them off this am. Nobody told (E12) that (R2) was supposed to have it on when up."</p> <p>The facility's undated Wound Care Skin Inspection and Care Table documents, at risk residents, "as appropriate, apply heel protectors, pillows, or other pressure reduction devices to elevate heels while in bed or up in chair."</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p>	S9999		

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S9999	Continued From page 11 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. This REQUIREMENT was not met as evidenced by the following: Based on interview and record review, the facility failed to complete a post fall physical assessment, comprehensive root cause analysis and implement interventions after a fall for one of one resident (R7) reviewed for falls in the sample of seven. Findings include: The facility's Final Investigation Report for a resident to resident altercation dated 6/23/16 documents R7, "... was observed sitting in the grass..." This report documents R16 stated that R7, "... seemed to lose her footing and fell backward onto the grass..." There is no documentation of a physical assessment completed or new interventions placed in response to R7's fall on 6/17/16. There is also no documentation of a complete investigation of the root cause of this fall. On 7/12/16 at 2:20 pm, E3, Regional Nurse Consultant stated there is no documentation of an investigation or interventions completed for R7's fall on 6/17/16. The facility's Fall Prevention Program Policy dated 1/1/2015 documents, "It is the policy of this facility to have a Fall Prevention Program to assure the safety of all residents in the facility... The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision... Each resident will be screened by a specialist therapist... after each fall..."	S9999			

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S9999	<p>Continued From page 12</p> <p>The facility's undated Fall Risk and Post Fall Assessment policy documents, "A post fall assessment will be performed after each fall and additional interventions promptly initiated to prevent future falls... To conduct appropriate assessments... after falls... Procedure... Conduct Physical and Mental Status Assessment..."</p> <p>Section 300.1410 Activity Program</p> <p>h) The activity program shall be multifaceted and shall reflect each individual resident's needs and be adapted to the resident's capabilities. The activity program philosophy shall encompass programs that provide stimulation or solace; promote physical, cognitive and/or emotional health; enhance, to the extent practicable, each resident's physical and mental status; and promote each resident's self-respect by providing, for example, activities that support self-expression and choice. Specific types of activities may include:</p> <ol style="list-style-type: none"> 1) Physical activity (e.g., exercise, fitness, adapted sports); 2) Cognitive stimulation/intellectual/educational activity (e.g., discussion groups, reminiscence, guest speakers, films, trivia, quizzes, table games, puzzles, writing, spelling, newsletter); 3) Spiritual/religious activity (e.g., religious services, spiritual study groups, visits from spiritual support groups); 4) Service activity (e.g., volunteer work for the facility, other individuals and/or the community); 5) Sensory stimulation (e.g., tactile, olfactory, auditory, visual and gustatory); 6) Community involvement (e.g., community groups coming into the facility for intergenerational programs, special entertainment and volunteer visits; excursions outside the facility to museums, sporting events, entertainment, parks); 	S9999			

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S9999	<p>Continued From page 13</p> <p>7) Expressive and creative arts/crafts (adapted to the resident's capabilities), music, movement/dance, horticulture, pet-facilitated therapy, drama, literary programs, art, cooking; 8) Family involvement (e.g., correspondence, family parties, holiday celebrations, family volunteers; and 9) Social activity (e.g., parties and seasonal activities). (Source: Amended at 24 Ill. Reg. 17330, effective November 1, 2000)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to provide activities that provide stimulation and engage the interest of residents with dementia. This failure affects two of two resident (R2, R3) reviewed for activities in the sample of 7, and 13 residents (R19-31) on the supplemental sample.</p> <p>Findings Include:</p> <p>On 7/11/16 at 9:50 am, E13 LPN (Licensed Practical Nurse) stated, "all of these residents on Diamond {hallway} have some sort of dementia and are not interviewable."</p> <p>On 7/11/16 at 12:05 pm, E12 CNA (Certified Nursing Assistant) stated, "there are usually two CNA's on this unit {Diamond Parkway} and one Activity Aide. The Activity Aide works 9 am - 6:30 pm."</p> <p>The Diamond Parkway Activity schedule dated 7/2016 documents activities for 7/11/16 as 9:30 am Sittercise, 10:30 am Current Events, 1:00 pm Movie and Popcorn, 3:00 Trivia, 5:00 pm Soothing Music, and 6:00 pm Evening Television.</p>	S9999			

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S9999	<p>Continued From page 14</p> <p>On 7/11/16 at 10:30 am and 3:00pm, E14 Activity Aide was sitting in the Diamond Parkway activity room with a movie playing on the television. R2, R19 - R28 and R30 were all sitting at tables in the activity room. R2, R5 and R28 had their backs to the television. R23, R24, R26, R27 and R30 were sleeping with their heads lying on the table. R20-R22 were sitting at a table on the far side of the room and couldn't see the television screen due to their location.</p> <p>The Diamond Parkway Activity schedule dated 7/2016 documents activities for 7/12/16 as 9:30 am Sittercise, 10:30 am Football Toss, 1:00 pm Art, 3:00 pm Current Events, 5:00 pm Soothing Music, 6:00 pm Evening Television.</p> <p>On 7/12/16 from 9:30 - 9:45 am, 10:30am - 10:45 am there was a movie playing in the Diamond Parkway activity room. E14 was sitting in the middle of the room, watching the television. R20-22 were sitting at the table, unable to see the movie, unengaged. R23, R24 and R27 were sitting at another table. R23 and R24 were both asleep with their heads lying on the table. R2, R26 and R29 were sitting at another table. R2 and R26 were asleep and R29 was sitting with R29's back to the television. R3 was sitting at another table coloring. R28, R30 - R31 were also at this table and were all sleeping. At 3:30 pm, 14 residents were in the activity room. R19 was sitting in the middle of the room with blocks on the wheelchair board crossing R19's wheelchair and R3 was coloring. R20, R22-R24, R27-R30 were all sitting at the table unengaged and not watching the television.</p> <p>The Diamond Parkway Activity schedule dated 7/2016 documents activities for 7/13/16 as 9:30</p>	S9999			

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S9999	<p>Continued From page 15</p> <p>Sittercise, 10:30 am Beach Ball, 1:00 pm Bible Study.</p> <p>On 7/13/16 from 8:55 am - 9:25am, there was no activity aide in the Diamond Parkway Activity room. R3 and R19 - 28 were all in the activity room with E12 CNA. There was a movie playing on the television. R3 was coloring, R19 was playing with blocks, R23, R24, R26 - R28 were asleep. R20 - R22 were on far side of the room and unable to see the television. R20-R22, and R25 were all just sitting at the tables not engaged in any activity. At 9:45 am R29 and R2 joined the above residents but both were placed at tables with their back towards the television. R22 yelled, "oh lady" and E12 stated, "(R22), we will have coffee at 11:45 am, I know you want it now but we don't have any down here." At 10:55 am, E17 Housekeeper was monitoring the Diamond Activity Room and stated, "the CNA's are on break, and I'm just helping out. They should be back in a few minutes." At this time, R21, R23, R24, and R2 were asleep in their chairs. R27 was asking, "Can I get out of here" and told by E17 that R27 would have to wait until the CNA's got back. R3 had coloring supplies on the table in front of R3 but was not coloring. R19 had blocks in front of R19 but was not doing them. R22 was removing dentures from R22's mouth repeatedly and playing with them. R2, R19, R20, R25, R26, R28, R29, and R31 were all sitting in the activity room not engaged in any activity.</p> <p>On 7/13/16 at 12:00 pm, E15 Activity Director stated, Diamond has it's own activity schedule that should be followed and each activity takes approximately 30 minutes. E15 also stated, "(E14) might not really know what all is supposed to be done back there. (E14) is a newer employee and even though (E14) went through</p>	S9999			

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S9999	<p>Continued From page 16</p> <p>training, (E14) was trained on the regular side, not down there (on Diamond Parkway, unit where dementia residents reside)."</p> <p>On 7/13/16 at 12:15pm, E14 stated, "I have a bad memory and can't remember what activities were done on 7/11 and 7/12, but there is always a movie going on." When asked specifically about the scheduled activities for 7/12, sittercise, football toss, art, current events, soothing music and evening television, E14 stated, Sittercise is never done because none of the residents get involved and nobody has provided the exercises that are supposed to be done. Arts weren't done because the residents don't like to color and the football toss wasn't done. Current Events was done and took about 5-10 minutes only. E14 also stated, the residents really don't get involved with the activities that are scheduled. E14 stated, with being new, E14 hasn't taken these concerns to E15 yet.</p> <p>On 7/13/16 at 1:15 pm, E12 CNA stated, the activity aide was sick this morning, so E12 was in the activity room with the residents. E12 stated sittercise and beach ball was not done because there was no beach ball in the activity room. When asked what types of activities were completed, E12 stated, E12 just tries to get the residents stimulated, to stay awake so E12 talks with them.</p> <p style="text-align: center;">(C)</p> <p>300.2100 Food Service Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Admin. Code 750).</p> <p>This requirement is not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>Based on observation, record review and interview the facility failed to label potentially hazardous cooked foods with date and time of preparation and failed to document evidence of temperature monitoring to ensure quick cooling to prevent bacterial growth that could cause food borne illness. This has the potential to affect all 74 residents.</p> <p>The finding includes:</p> <p>On 7/11/16 at 9:30 am there were two quarter pans of frozen casserole in the freezer. Both pans were covered with clear plastic wrap and had aluminum foil crimped over the top. One pan was labeled "Turkey Pasta Bake" dated 6/28/16. The other pan had no label. A pan of frozen meatballs dated 7/5/16 was also in the freezer. The pan was covered with plastic wrap with foil over the top. There was frozen condensation on the inside of the plastic wrap for all the pans.</p> <p>Dietary Manager E18 stated on 7/12/16 at 9:30 am that there was no documentation on the facility June 2016 "Cool Down Sheet" for the Turkey Pasta Bake and no entries for July on the cooling log for the Meatballs. E18 stated there were also no temperatures recorded on the Food Temperature Log dated 6/28/16 for the supper meal and no temperatures recorded at any meal on 7/5/16. E18 stated Dietary E19 and E20 were responsible on those days to monitor cooling and record it on the logs. E20 voluntarily discarded the food which was intended for service to residents at a later date.</p> <p>The undated facility "Cooling Methods Fact Sheet" states "The Food Code requires that all cooked foods not prepared for immediate service</p>	S9999			

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S9999	<p>Continued From page 18</p> <p>shall be cooled as quickly as possible to eliminate the possibility of bacteria development...The two stage method reduces the cooked food's internal temperature in two steps. The first step is to reduce the temperature from 135 F. (Fahrenheit) to 70 degrees F. within two hours and from 70 F. to 41 F. or colder within an additional four hour period. Total cooling time should never exceed six hours...simply placing a cooked food item in a refrigerator to cool may not be sufficient to reduce the threat of bacterial growth." The "Cool Down Sheet" for June 2016 states "You have two hours to cool food to 70 degrees, then additional 4 hours to get temp (temperature) to 40 degrees." The form has the space for the staff to document the "food/date/initial" and has columns for documenting the time and temperature information during food temperature monitoring.</p> <p>The Facility Data sheet dated 7/11/16 documents a census of 74 residents.</p> <p style="text-align: center;">(B)</p> <p>300.2220d) 300.2210b)1)4)6)7) 300.3100b)2) Housekeeping 300.2220 d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation and record review the facility failed to store chlorine bleach wipes in areas inaccessible to residents to prevent accidental exposure. This had the potential to affect two residents (R33, R34) in the supplemental sample.</p>	S9999			

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S9999	<p>Continued From page 19</p> <p>The findings include:</p> <p>On 7/11/16 at 12:00 pm a canister of Bleach Wipes was resting on the handrail outside of R16's resident room on the 100 wing. The label stated the wipes contain .65% Sodium Hypochlorite and had warnings to avoid eye and skin contact. On 7/11/16 at 12:45 pm R33 was walking up and down the corridor in an enclosed ambulation device. R33 's room was located on the same alcove where the bleach wipes were on the rail. At 2:30 pm the bleach wipes where gone and a strawberry banana smoothie beverage was on the rail.</p> <p>R33's cognitive assessment dated 9/21/15 states that R33 has moderate cognitive impairment.</p> <p>On 7/11/16 at 2:20 pm two canisters of bleach wipes were present in the top drawer of the isolation cart outside of R17's room.</p> <p>On 7/11/16 at 2:35 pm there were two containers of bleach wipes in the unlocked therapy cart across from the nurses station. R34 was rolling in a wheelchair past the therapy area.</p> <p>R34's Minimum Data Set (MDS) dated 4/29/16 states R34 has severe cognitive impairment and is independently mobile in the wheelchair.</p> <p>2. On 7/12/16 at 10:10 am the door to the 100 wing shower room was open. A container of bleach wipes was setting on top of the three drawer cart in the 100 wing shower room. CNA (Certified Nurse Aide) E24 stated at that time "We use the bleach wipes to clean the resident shower chair. The bleach wipes should be locked</p>	S9999			

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S9999	<p>Continued From page 20</p> <p>up." There were also two containers of bleach wipes in the bottom drawer of the cart.</p> <p>Section 300.2210 Maintenance</p> <p>b.) Each facility shall :</p> <p>1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls or ceilings; peeling wallpaper or paint; warped, broken, loose, or cracked floor coverings, such as tiles or linoleum; loose handrails or railings; loose or broken panes; ...and any other similar hazards.</p> <p>4) Maintain the interior and exterior finishes of the building as needed to keep it attractive and clean and safe (painting, washing and other types of maintenance).</p> <p>6) Maintain the grounds and other buildings on the grounds in a safe, sanitary and presentable condition.</p> <p>7) Maintain the grounds free from refuse, litter, insect and rodent breeding areas.</p> <p>These requirements are not met as evidenced by:</p> <p>Failures at this level required more than one deficient practice statement.</p> <p>A. Based on record review, observation and interview the facility failed to keep the dumpster lids closed and areas around the building free of weeds and accumulations of discarded equipment to prevent attraction/access of rodents/pests. This has the potential to affect all 74 residents in the facility.</p> <p>B. Based on observation and interview the facility failed to maintain the walls, and floors of the</p>	S9999			

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S9999	<p>Continued From page 21</p> <p>facility in a clean condition throughout the facility. The facility failed to maintain the roof in good repair to prevent water leaks, failed to maintain shower chairs in a clean condition and in good repair and failed to maintain exit doors in good repair. The facility failed to remove tall weeds with thorns from the resident patio areas. This has the potential to affect all 74 residents.</p> <p>The finding includes:</p> <p>a.) On 7/12/16 at 9:20 am the garbage dumpster was located outdoors behind the dietary department. The lids on the outside garbage dumpster were open. The dumpster was half full of trash. At 9:30 am a rat ran out from behind the building and across the lot and went under the shed on the opposite side of the dumpster. Maintenance Director E21 was present at that time and stated the staff should be closing the lids when taking trash out. There were weeds, piles of wood, and discarded resident equipment along the fence by the shed which could allow rodent hiding places.</p> <p>The Facility Data Sheet dated 7/11/16 documents 74 residents in the facility.</p> <p>b.) 1. On 7/11/16 at 2:10 pm the door to the 300 wing shower room was open. There was a three drawer plastic cart next to the whirlpool tub. The drawers contained various unlabeled resident personal care products like deodorant, shampoo, toothpaste, and safety razors. There were also two unlabeled resident hairbrushes full of hair and soiled toilet paper with lipstick smears, and used plastic gloves thrown in the same drawer.</p> <p>2. The 300 Wing Shower room was in need of</p>	S9999			

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S9999	<p>Continued From page 22</p> <p>cleaning and repairs on 7/11/16 at 2:10 pm and on 7/12/16 at 11:00 am. There was black mildew accumulations in the lower grout lines of the resident shower stall in the 300 shower room. The floor tile of the shower stall was cracked and missing pieces of floor tile in the corner and around the drain.</p> <p>There was orange and black slimy residue along the back of the cushion of the shower chair seat and where the back straps attach to the frame.</p> <p>The lower six inches of the emergency nurse call cord for the shower was dragging the floor and was wet and black with mildew.</p> <p>There was dried brown matter on the privacy curtain next to the toilet in this same shower room. There was no lid for the garbage receptacle next to the sink and the plastic pipe framed legs were soiled with dirt that could be wiped off with a wet rag. There was an odor from the garbage and the shower exhaust was not functioning.</p> <p>This shower room is utilized by the residents (R2,R3,R19, R20-R30,R46, R47 and R48) of the 300 Wing Diamond unit.</p> <p>3. On 7/11/16 at 3:40 pm the drain cover for the 400 wing shower stall was laying loose on the floor drain opening that was approximately 4 inches in diameter. The rolling wheel of the shower chair dropped down into the drain hole with the drain cover dislodged. The vinyl mesh back rest for the shower chair was very worn and the seam was torn 3/4's of the way down on the right hand side. On 7/12/16 at 9:45 am the 400 shower room was toured with Maintenance Director E21. The torn shower chair mesh and</p>	S9999			

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S9999	<p>Continued From page 23</p> <p>the shower stall drain cover was shown to E21. E21 stated had not received any maintenance requests for these issues.</p> <p>Certified Nurse Aide (CNA) E23 stated on 7/12/16 at 9:45 am that she showers residents who are less than 160 pounds like R34 and R35 with that shower chair. E23 was aware the drain cover was loose and thought this had been reported to maintenance. CNA E24 stated on 7/12/16 at 9:50 am that she had just showered R44 in this shower room. E24 was aware that the drain cover was loose but said she has not reported it to maintenance. E24 stated she tries to avoid stepping or rolling over the drain.</p> <p>4. On 7/12/16 at 10:10 am there was a two foot diameter hole in the lower wall of the shower stall. E21 Maintenance Director stated at that time he thought the damage was caused by a resident's power wheelchair. The plastic pipe framed shower chair legs were full of water. A foul sulfur smell was noticeable when the chair was tipped and water ran out of the leg.</p> <p>5. On 7/11/16 at 10:00 am the resident corridor floors, rooms and doorway thresholds to rooms had a dull, streaked finish with accumulations of dirt and wax build up around the room perimeters on the 100, 200, 300 and 400 wings of the facility. There was heavy dirt/wax build up along the walls and doorways in the alcove to the dietary serving window and the flooring in the dining room were not clean.</p> <p>Maintenance Director E21 stated on 7/12/16 at 9:55 am "The floors have not been stripped and waxed in over a year." E21 stated "I need some help." E21 stated he is the only maintenance person besides E22/Van Driver who helps part</p>	S9999			

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S9999	<p>Continued From page 24</p> <p>time with the floors.</p> <p>E22 confirmed on 7/13/16 at 9:40 am that E22 only helps with mopping floors when he is not driving residents to appointments. E22 stated he occasionally buffs the floors when he has time. E22 confirmed that the floors had not been stripped and waxed in the past year. E22 stated "We have the supplies but not the manpower." E22 stated "The company is not concerned because they plan on replacing the floors during the renovation."</p> <p>6. On 7/12/16 at 10:40 am the wall paper was peeling and was soiled along the lower walls of the 200 wing. The mauve wallpaper had splatters and brown streaks on the lower wall that wiped clean when rubbed with a wet rag by Maintenance E21 at that time. The wall paper borders along the walls above the grab bars on the 100 wing was soiled and peeling. The wall paper around the 200 courtyard door where the key pad was located was ripped, peeled and soiled. The white door frame of the 200 wing smoking patio was rusted and was soiled with ground in dirt/oil from use. The area wiped clean when E21 took a wet rag to the frame.</p> <p>7. On 7/11/16 at 2:30 pm and on 7/12/16 at 10:35 am there was a large 1/2 inch gap at the base of the 200 courtyard patio door. The bottom 6 inches of the door was rusted out and there was no door sweep. Maintenance E21 stated on 7/12/16 at 10:35 am "The door can't be fixed we need a new door.". This door is utilized by employees and by residents who need to come into the building after hours (8:00 pm-8:00 am) when the front door is locked.</p> <p>8. A large five by six foot section of the concrete</p>	S9999			

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S9999	<p>Continued From page 25</p> <p>patio was broken and crumbled outside of the 200 courtyard exit door. Maintenance E21 stated on 7/12/16 at 10:40 am "This is a tripping hazard."</p> <p>9. On 7/12/16 at 10:15 am the Diamond Unit outdoor patio was toured. There were weeds approximately 4-5 feet tall that had sharp thorns on them around the perimeter of the patio especially near the door. There was a large overgrowth of other weeds, volunteer trees, thistles and cockleburrs along the wall and fence of the patio. Diamond Activity staff E14 stated at that time that they take the residents outdoors on the patio when it is not too hot.</p> <p>10. On 7/12/16 at 10:20 am the toilet seat and grab bars at R34's toilet room were very loose. CNA E25 was in the resident room with R34 at the time. E25 stated she was aware that the toilet seat was loose every since she has worked there. E25 stated she has not reported this to maintenance. At 10:25 am E25 walked E34 into the toilet room.</p> <p>11. On 7/12/16 at 4:35 pm R33 ambulated past the nurses station with an enclosed rolling walker. The seat of the rolling walker was soiled with a large amount of dried yellow and brown food debris. The soiled walker was pointed out at that time to Housekeeping Director E26 who stated that the CNAs are responsible for cleaning the residents walker.</p> <p>12. The inside double fire doors at the entrance of the Diamond Unit are badly scraped and marred and soiled along the lower 4 feet of the door. There is black duct tape wrapped around both ends of the door panic bar on the right side. The black and white checkered wall covering of the</p>	S9999			

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S9999	<p>Continued From page 26</p> <p>upper half of the doors is scratched, faded, and soiled.</p> <p>13. On 7/11/16 at 3:10 pm a three foot diameter bowed ceiling tile with dried brown rings was over the Social Service Classroom door. On 7/13/16 at 9:45 am the ceiling tile above the doorway of the Social Service Classroom was wet and the tile was bowing down. It had been raining that morning.</p> <p>On 7/13/16 at 9:15 am there was water dripping from the upper window in the old activity room on the Diamond wing. There were wet rings on the ceiling tiles in the dining room also.</p> <p>On 7/12/16 at 9:35 am E21 stated the roof currently leaks and they have gotten a bid to replace the whole roof.</p> <p>The Facility Data Sheet dated 7/11/16 documents 74 residents in the facility.</p> <p>300.3100 b)2 Handrails and Grab Bars</p> <p>Grab bars shall be provided at all resident toilets, showers tubs and sitz baths.</p> <p>This requirement is not met as evidenced by: Based on observation, and interview the facility failed to provide grab bars at the main resident toilet room on the 300 wing. This has the potential to affect two residents (R2, R3) in the sample of seven and 15 residents (R19, R20-R30, R46, R47 and R48) in the supplemental sample.</p> <p>The findings include:</p> <p>On 7/11/16 at 11:20 am the 300 wing toilet room</p>	S9999			

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S9999	<p>Continued From page 27</p> <p>located off the resident activity room had no grab bars for the toilet. On 7/11/16 at 12:35 pm Certified Nurse Aide (CNA)E12 took R3 into the bathroom for toileting.</p> <p>On 7/11/16 at 1:00 pm CNA 9 assisted R2 into the 300 wing bathroom for toileting. At 1:15 pm there were still no grab bars at the resident toilet. E9 stated they routinely toilet the residents in this bathroom and did not know why there were no grab bars.</p> <p>On 7/12/16 at 9:45 am Maintenance Director E21 stated he has been gone for the past month. E21 stated the facility had moved the resident activity room to this location within the last few weeks and had not checked to see that the toilet had grab bars.</p> <p>The resident Daily Census dated 7/14/16 documents R2,R3,R19, R20-R30, R46, R47 and R48 reside on the 300 wing. (B)</p> <p>Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S 300.4090 a)1)2)3)4)5)6); 300.4090c)3); 300.4090d) a) Psychiatric Medical Director 1) The facility shall have a consultant for the psychiatric rehabilitation program who is an Illinois licensed physician and is board eligible or board certified in psychiatry from the American Board of Psychiatry and Neurology. The psychiatric medical director is responsible for advising the administrator and the Psychiatric Rehabilitation Services Director on the overall psychiatric management of the program's residents.</p>	S9999			

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S9999	<p>Continued From page 28</p> <p>2) There shall be communication linkages between the psychiatric medical director and the medical director.</p> <p>3) The psychiatric medical director, working with the administrator, shall be responsible for annually approving in writing the facility's written policies and procedures for the psychiatric rehabilitation program.</p> <p>4) Each resident shall be under the care of a psychiatrist. If a resident was admitted and has continuously been a resident since prior to January 1, 2002 and a psychiatrist has never served as the resident's primary physician, the resident may continue with the current physician if that physician uses psychiatric consultation, as needed, for the resident.</p> <p>5) A psychiatrist shall be available for the psychiatric treatment and psychiatric medication management of the residents. All residents or residents' guardians shall be permitted their choice of psychiatrist.</p> <p>6) Each resident shall be seen by a psychiatrist at least every 90 days and as often as necessary to ensure adequate psychiatric treatment.</p> <p>c) Psychiatric Rehabilitation Services Coordinator</p> <p>3) Each resident admitted to the facility shall have a PRSC to act as a case manager. The PRSC will be identified as the staff member to whom the resident primarily relates for the coordination of service.</p> <p>d) In a facility with 10 or fewer residents with serious mental illness, the PRSD may act as the PRSC.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview the facility failed to have a Psychiatric Medical Director, and a Psychiatric Rehabilitation Services Coordinator (PRSC) for the Psychiatric Rehabilitation Program. The facility failed to ensure evaluations</p>	S9999		

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S9999	<p>Continued From page 29</p> <p>by a Psychiatrist for residents with Serious Mental Illness (SMI). These failures affect three of three residents (R4,R5,R6) reviewed for SMI on the sample of seven and 12 residents (R16, R17, R30, R32, R35, R37-R43) on the supplemental sample.</p> <p>Findings include:</p> <p>1. The Progress Note by Z5, Advance Practice Registered Nurse (APRN) dated 6/30/16 documents that R5 has diagnoses of Anxiety Disorder, Schizoaffective disorder, Bipolar and Major Depressive Disorder. The MDS (Minimum Data Sheet) dated 5/8/16 documents that R5 has Serious Mental Illness (SMI).</p> <p>There is no evaluation by a Psychiatrist of R5's SMI found in the record.</p> <p>On 7/12/16 at 4:50 pm E8, Social Service Director stated that R5 is not being seen by a Psychiatrist.</p> <p>2. The History and Physical dated 5/18/16 documents R6 has diagnoses of Bipolar Disorder and Multiple Personality Disorder. The MDS dated 6/16/16 documents R6 has a Serious Mental Illness.</p> <p>There is no evaluation by a Psychiatrist of R6's SMI found in the record.</p> <p>On 7/12/16 at 4:50 pm E8, Social Service Director stated that R5 is not being seen by a Psychiatrist.</p> <p>3. The Physician Order Sheet dated 7/1-7/31/16 documents that R4 has diagnoses of Bipolar Disorder and Major Depressive Disorder. The</p>	S9999			

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S9999	<p>Continued From page 30</p> <p>OBRA (Omnibus Budget Reconciliation Act) Initial Screen dated 9/25/14 documents that R4 has been diagnosed with mental illness and has a history of psychiatric hospitalizations and outpatient mental health services. The facility list Residents with Serious Mental Illness (SMI) (July 1, 2016) identifies R4 having SMI.</p> <p>No evaluation by a Psychiatrist is in R4's record.</p> <p>On 7/12/16 at 11:30am E8 stated there is no Psychiatric Medical Director for the Psychiatric Rehabilitation Program. E8 stated there is no evaluation by a Psychiatrist for R4. At 4:50 pm E3 stated none of the residents with SMI are being seen by a Psychiatrist. When asked if there is a PRSC for the Psychiatric Rehabilitation Program E8 stated that she is functioning as the PRSD (Psychiatric Rehabilitation Services Director) and the PRSC.</p> <p>The facility Residents with Serious Mental Illness list dated 7/1/16 documents the following residents with SMI: R4, R5, R6, R16, R17, R30, R32, R35, R37-R43.</p> <p>(B)</p>	S9999			